

**COMMONWEALTH OF KENTUCKY  
TREY GRAYSON  
SECRETARY OF STATE**



**AMENDED CERTIFICATE OF ASSUMED NAME**

Pursuant to the provision of KRS Chapter 365, the undersigned hereby amends its certificate of assumed name to change the identity of the partners on behalf of the general partnership named below and for that purpose submits the following statements:

1. The assumed name of the general partnership is \_\_\_\_\_.

(Assumed name under which the business is being conducted)

2. The certificate of assumed name was filed with the Secretary of State on \_\_\_\_\_.

3. The general partnership is organized and existing in the state or country of \_\_\_\_\_.

4. The current principal office address is \_\_\_\_\_.

Street address, if any

City

State

Zip Code

5. The changes in the identity of the partners are as follows:

(Attach a continuation sheet, if necessary)

The amended certificate of assumed name is executed by

Signature

Print or type name and title

Date

Signature

Print or type name and title

Date

Signature

Print or type name and title

Date

Signature

Print or type name and title

Date

Signature

Print or type name and title

Date

## **Amended Certificate of Assumed Name Filing Instructions**

### **ASSUMED NAME**

State the assumed name of the general partnership as filed with the Secretary of State.

### **DATE OF FILING**

State the date the certificate of assumed name was filed with the Secretary of State.

### **PRINCIPAL OFFICE ADDRESS**

State the most current principal office address for the general partnership.

### **GENERAL PARTNERS**

Set forth the changes in the identity of the general partners.

### **WHO MAY SIGN**

The amended certificate of assumed name must be signed by all of the partners of the domestic or foreign general partnership (also includes a Joint Venture).

### **NUMBER OF COPIES**

Submit the original signed certificate and one exact or conformed copy (may be photocopies) for each county wherein the certificate of assumed name is on file. All copies will be returned file-stamped to the general partnership as evidence of filing. One of the file-stamped copies must then be filed with the county clerk of each county wherein the certificate of assumed name is on file.

### **FILING FEE**

The filing fee is \$20.00.

Your check should be made payable to the "Kentucky State Treasurer".

### **MAILING ADDRESS**

Trey Grayson  
Secretary of State  
P O Box 718  
Frankfort, KY 40602-0718

### **OFFICE LOCATION**

Room 154 Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601

### **WEB SITE ADDRESS**

Our home page address is: [//www.sos.state.ky.us](http://www.sos.state.ky.us)

Click on "On Line Business Database" for information on status of all business entities in Kentucky. Forms are also available on our web site.

For name availability, call (502) 564-2848, press 2, and then press 1.

For further information, call (502) 564-2848, press 2, and then press 5 or try our web site.